

Work Order for Master Case M2017-856

Back

Items with ** are required.

**Assign To	Rabourn, Jaclyn M, DOH	▼
**Priority	1 - Urgent	▼
**Start Date	02/21/2018	Today
Follow-Up Date		Today
Due Date	02/23/2018	Today
**Request Type	Credential Status Change	▼
**Description	RE: Julene Adele Pommert, MHCA.MC.60464502. Per the STID release effective 2/21/18, please change the credential status to Active. Thank you, Dianna staley	

[Add Work Order](#)



COMPLIANCE REQUIREMENT SUMMARY WORKSHEET

Respondent: Julene Adele Pommert

Credential #: MHCA.MC.60464502

Effective Date	1/5/18	Master Case #	M2017-856
Duration:	7/5/18	Type of Action:	STID (Stipulation)

Paragraph #	Requirement	Due	Completed
3.1	Complete 6 hours of pre-approved CE in the area of maintaining boundaries with mental health clients Provide proof of completion within 30 days of such completion	7/5/18	2/15/18
3.2	Reimburse costs of \$1,817.13	7/5/18	2/7/18

INTERNAL USE ONLY

CONTINUING EDUCATION

Course Title	Date DA Approved	Dates attended	Proof Rcvd	Hours Awarded

COST REIMBURSEMENT

Date Payment Received	Amount Received	Balance	Notes

Work Order for Master Case M2017-856

Back

Items with ** are required.

**Assign To	Raboum, Jaclyn M, DOH	▼
**Priority	1 - Urgent	▼
**Start Date	01/08/2018	Today
Follow-Up Date		Today
Due Date	01/10/2018	Today
**Request Type	Credential Status Change	▼
**Description	RE: Julene Adele Pommert, MHCA.MC.60464502. Per the STID effective 1/5/18, please change the credential status to Active with Conditions. Thank you, Dianna staley	

[Add Work Order](#)

Work Order for Master Case M2017-856

Back

Items with ** are required.

****Assign To** Maasjo, Karen T, DOH

****Priority** 1 - Urgent

****Start Date** 01/08/2018 Today

Follow-Up Date Today

Due Date 01/11/2018 Today **1/16/18**

****Request Type** Master Case Maintenance

****Description**

RE: Julene Adele Pommert, MHCA.MC.60464502

Forwarding this new compliance case for processing. Thank you, Dianna staley

Page

NEW COMPLIANCE CASE CHECKLIST

Respondent Name, Case#: Julene Pommert

2017-856

Done	Task
	Opening a file/case
<input checked="" type="checkbox"/>	1. Order received (APUC, AO, FO, <u>STID</u>). (Note: File not set up for an initial order until final)
<input checked="" type="checkbox"/>	2. Log order into the tracking spreadsheet (compliance manager (CM) task)
<input checked="" type="checkbox"/>	3. Create ILRS work order to change credential status (CM)
	4. Verify if respondent holds other credentials (CO)
	5. Verify draft order reviewed (CO)
	6. Notify: WRAMP, WRAPP, WPHP, Pharmacy program (PARE) or assessment program if applicable. (CM)
	7. Complete ILRS action items:
<input checked="" type="checkbox"/>	a. Create and complete Action Item "Forward to Compliance Intake" – date effective and received in compliance. (CM)
<input checked="" type="checkbox"/>	b. Create and complete Action Item "Forward for Compliance Monitoring" – Date effective, assign CO. Initial letter created by action item. (CM)
<input checked="" type="checkbox"/>	c. Create file folder & envelope (labels). Stamp COMPLIANCE on the front of the folder. (Admin)
<input checked="" type="checkbox"/>	d. Create compliance summary worksheet, edit letter, create forms. File to CO. (Admin)
<input checked="" type="checkbox"/>	e. Finalize initial letter for mailing. (CO)
<input checked="" type="checkbox"/>	f. Verify RBM/RCM entered under participants – if not enter name. Complete Action item "Assign RBM/RCM" if needed. (CM)
	g. Create Action items for each sanction (CO)
	<div style="display: flex; justify-content: space-between;"> <div> Compliance monitoring duration Audits Supervisors & reports WRAMP / WRAPP / WPHP Chaperone, Monitor </div> <div> <u>CE</u> Fine / <u>Cost Recovery</u> ProBE, CPEP, DPREP, etc. Essay Other: </div> </div>
	8. Mailing to Respondent/Counsel:
	a. Initial letter and Compliance Summary Worksheet (CO)
	b. Forms sent to Respondent (as needed) - revenue fee slips, CE instruction form, supervisory reports, self-declaration, employer evaluation, supervisor declaration, unemployment reports, etc. (CO)



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

February 21, 2018

Julene Adele Pommert
12360 Lake City Way NE Ste 420
Seattle, WA 98125-5452

Subject: Master Case Number: M2017-856
Credential Number: MHCA.MC.60464502

Dear Julene Pommert:

We have released you from the requirements of your Stipulation to Informal Disposition for your Mental Health Counselor Associate License credential.

You have complied with the terms of the agreement. We wish you well in the future.

To view the action, go to <http://www.doh.wa.gov/hsqa> and select Provider/Facility Search.

Please contact Paige L Fury at (360) 236-4855 if you have any questions.

Sincerely,

A handwritten signature in black ink, reading "Dianna M. Staley", is positioned above the printed name and title.

Dianna M. Staley
Compliance Manager
Office of Legal Services
PO Box 47873
Olympia, WA 98504-7873

cc: Adjudicative Clerk Office

BehavioralHealthCE.com

Certificate of Completion

Julene Pommer, M.A., Ph.D.
12360 Lake City Way NE, Suite 402
Seattle, WA 98125
License #: MC 00454332

Julene Pommer, M.A., Ph.D. has completed in its entirety the following continuing education activity sponsored by BehavioralHealthCE.com:

Course Title: Boundary and Dual Relationships: Ethical Issues
Course Author(s): Frederic G. Reamer, Ph.D.
Number of CE Credits: 6
Date of Completion: February 18th, 2018
Type of CE Activity: Online Course

ACCREDITATIONS AND APPROVALS

BehavioralHealthCE is approved by the American Psychological Association to sponsor continuing education for psychologists. BehavioralHealthCE maintains responsibility for the program and its content.

BehavioralHealthCE is approved by the California Board of Behavioral Sciences (BBS) to provide continuing education for the professional psychology (CPE) course provider number 12360. CPE education credits are applicable to all licenses for CPE continuing education credits. <http://www.bbs.ca.gov>

BehavioralHealthCE is approved by the California Board of Social Work (BBSW) to offer continuing education for marriage and family therapists (MFT), clinical social workers (LCSW), and Licensed Clinical Social Workers (LCSW). CA-BBS provider number 12360.

BehavioralHealthCE is approved by the Canadian Psychological Association to sponsor continuing education for psychologists. BehavioralHealthCE maintains responsibility for the program and its content.


BehavioralHealthCE is approved by the California Board of Registered Nursing (BRN) Provider number CERP 12360. The Approved is to be released by the Board for a period of two years after the completion of the course.

BehavioralHealthCE is approved by the California Board of Behavioral Science and Psychology (CBBSP) to offer CE credits to CBBSP and Psychology Therapists (Approved Code 12360/12361).

BehavioralHealthCE is approved by the Association of Social Work Boards (ASWB) through the Approved Continuing Education (ACE) program. BehavioralHealthCE maintains responsibility for the program.

BehavioralHealthCE is an NBCC-Approved Continuing Education Provider (ACEP) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP does not require this for all aspects of the program. (Provide the date 02/18)

BehavioralHealthCE is approved by the NABP (The Association for Boarding Professionals) as an education provider 2063.


William W. Deardorff, Ph.D., ABPP
Program Administrator, BehavioralHealthCE.com
123 South Spring Drive, Suite 402
Beverly Hills, CA 90212

MAIL TO:
DEPT OF HEALTH REVENUE
PO BOX 1099
OLYMPIA WA 98507-1099

MENTAL HEALTH COST RECOVERY

OLS COMPLIANCE

NAME Julene Pommert

AMOUNT 1,817.13

RECEIVED

FEB 07 2018

OFFICE OF LEGAL SERVICES
COMPLIANCE

M2017-856

3 6272260004

OLDS COMPLIANCE

MAIL TO:
DEPT OF HEALTH REVENUE
PO BOX 1099
OLYMPIA WA 98507-1099

1311-2/5/2018 7:37:56 AM-451

1311-2/5/2018 7:37:56 AM-451

J. Pommert

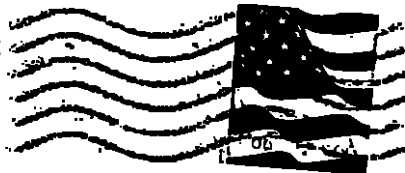
12360 Lake City Way NE

Suite 420

Seattle, WA 98125

SEATTLE WA 980

27 JAN 2018 PM 2 L



Dept. of Health Revenue

PO Box 1099

Olympia, WA 98507-1099

98507-109999



PROC. DATE: 02/05/18 STATE OF WASHINGTON DEPARTMENT OF HEALTH PAGE: 1
PRINT DATE: 02/05/18 REMIT+/RPS DAILY REVENUE RECEIPTS LOG

627226000 MENTAL HEALTH COST REC 62722500 7869,,

DATE	REFERENCE #	SEQUENCE #	AMOUNT
02/05/18		001311	1817.13
TOTAL COUNT	1	TOTAL AMOUNT	1817.13

627226000	TOTAL COUNT	1	627226000	TOTAL AMOUNT	1817.13
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RECEIVED
FEB 07 2018
OFFICE OF LEGAL SERVICES
COMPLIANCE

Fury, Paige L (DOH)

From: Fury, Paige L (DOH)
Sent: Thursday, January 25, 2018 7:55 AM
To: 'Julene Pommert'
Subject: RE: Course I am looking at

Good Morning –

Program has approved this course. Please make sure that you send me a copy of your certificate of completion once you have completed this class.

Thank you -

Paige L Fury, MPA | Compliance Officer

Washington State Department of Health

Office of Legal Service
P.O. Box 47873
Olympia, WA 98504-7873
Phone: (360) 236-4855 /Fax: (360) 236-4930
paige.fury@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

From: Julene Pommert [mailto:jpommert@nwfamilylife.org]
Sent: Wednesday, January 17, 2018 12:03 PM
To: Fury, Paige L (DOH) <Paige.Fury@DOH.WA.GOV>
Subject: Course I am looking at

Thank you, Paige, for talking with me today.

I am enclosing the url for the site that I am interested in, regarding the 6 CE hour course on boundary crossings. That url is: http://www.behavioralhealthce.com/index.php?option=com_courses&task=view&cid=149

The title is: Boundary ad Dual Relationships: Ethical Issues

The outline is:

COURSE OUTLINE

Introduction

Learning Objectives

Case Illustrations

A Typology of Boundary Issues and Dual Relationships: A Brief Overview

Intimate Relationships

Personal Benefit

Emotional and Dependency Needs

Altruistic Gestures

Unanticipated Circumstances

A Typology of Boundary Issues: An In-Depth Look

Intimacy Issues

- Sexual Relationships with Clients**
- The Nature of Sexual Misconduct**
- Causal Factors**
- Clinical and Professional Consequences**
- Risk Management Strategy**
- Rehabilitation Efforts**

Emotional and Dependency Needs

- Friendships with clients**
- Unconventional Interventions**
- Self-disclosure**
- Affectionate Communications**
- Community Based Contact with Clients**

Personal Benefit

- Barter for Services**
- Business and Financial Relationships**
- Advice and Services**
- Favors and Gifts**
- Conflicts of Interest**

Altruism

- Giving Gifts to Clients**
- Meeting Clients in Social or Community Settings**
- Offering Clients Favors**
- Accommodating Clients**
- Self-disclosing to Clients**

Unavoidable and Unanticipated Circumstances

- Geographic Proximity**
- Conflicts of Interest**
- Professional Encounters**
- Social Encounters**

Protecting Clients and Managing Risk

Further Reading

References

And the CEs are 6 hours.

This looks like a course that would be quite beneficial for me.

Thank you for your help! Julene Pommert

--

Julene Pommert, LMHCA, MC 60464502

12360 Lake City Way NE, Suite 420

Seattle, WA 98125

jpommert@nwfamilylife.org

northwestfamilylife.org/counselors/

NOTICE: This email and any attachments is intended only for use by the addressee(s) and may contain privileged or confidential information. Any distribution, reading, copying, or use of this communication and any attachments by anyone other than the addressee, is strictly prohibited and may be unlawful. If you have received this email in error, please immediately notify me by email (by replying to this message), and permanently destroy or delete the original and any copies or printouts of this email and any attachments. Furthermore, unencrypted email is not considered a secure form of communication, and to the extent that you use unencrypted email to exchange protected health information your use constitutes your consent to the use of unencrypted email therefore and your agreement to release me from any and all liability associated therewith.

ELECTRONIC COMMUNICATION POLICY: I do not provide counseling or therapy via email, phone, or text communication. My ethical obligations limit electronic communication for scheduling or canceling appointments, during regular business hours. If you are in crisis or need immediate assistance, please contact the 24-hour crisis clinic at 206-461-3222 or 1-800-244-5767, or 911. Also consider these options: call your psychiatrist or physician, call a family member or friend, or go to your nearest emergency room.

Fury, Paige L (DOH)

From: Burnham, Brad H (DOH)
Sent: Wednesday, January 24, 2018 5:03 PM
To: Fury, Paige L (DOH)
Subject: RE: Pommert, Julene M2017-856

Hi Paige,

The program approves of the identified Boundary and Dual Relationships training for Julene Pommert.

Thanks,

Brad Burnham
Program Manager
Office of Health Professions
Washington State Department of Health
(360) 236-4912
brad.burnham@doh.wa.gov

Public Health - Always Working for a Safer and Healthier Washington

From: Fury, Paige L (DOH)
Sent: Monday, January 22, 2018 9:11 AM
To: Burnham, Brad H (DOH) <Brad.Burnham@DOH.WA.GOV>
Subject: Pommert, Julene M2017-856

Good Morning –

I am sending you a CE pre-approval request. Here is the info from the order

3.1 Within six (6) months of the effective date of this Stipulation, Respondent shall complete a minimum of six (6) hours of continuing education, pre-approved by the Program, in the area of maintaining boundaries with mental health clients. Respondent shall provide the Program with proof of completion of such continuing education within thirty (30) days of such completion. Failure to complete and show proof of completion of the required minimum hours of pre-approved continuing education in the specified area within the specified times shall constitute violations of this Stipulation. These six (6) hours of continuing education shall be in addition to mandatory continuing education hours that may be required for credential renewal.

Paige L Fury, MPA | Compliance Officer

Washington State Department of Health



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 11, 2018

Julene Adele Pommert
12360 Lake City Way NE Ste 420
Seattle, WA 98125-5452

Subject: Master Case Number: M2017-856
Credential Number: MHCA.MC.60464502

Dear Ms. Pommert:

Enclosed is a summary of your compliance requirements. This summary is a tool to help you track the due dates in your order. Please refer to your order for the complete details of the legal terms and conditions.

You should keep copies of all paperwork you submit to our office and write your master case number on all documents and correspondence.

Please contact me if you have any questions about your compliance requirements.

Sincerely,



Paige Fury, MPA
Compliance Officer
PO Box 47873
Olympia, WA 98504-7873
Paige.fury@doh.wa.gov
(360) 236-4855 (P)
(360) 236-4930 (F)

Enclosures

Cc: Holly E. Lynch, Attorney ✓



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RECEIVED

JAN 05 2018

OFFICE OF LEGAL SERVICES
COMPLIANCE

January 5, 2018

Holly E. Lynch
Keller Rohrbach, LLC
1201 3rd Ave Ste 3200
Seattle, WA 98101-3276

Julene Pommert
RE: Master Case No. M2017-856

Dear Ms. Lynch:

Enclosed please find Declaration of Service by Mail and Stipulation to Informal Disposition dated January 4, 2018.

Any questions regarding the terms and conditions of the Order should be directed to Paige Fury, Compliance Manager at (360) 236-4855.

Sincerely,

A handwritten signature in black ink, appearing to read "Cara Bryant", with a long horizontal stroke extending to the right.

Cara Bryant, Adjudicative Clerk
Adjudicative Clerk Office
PO Box 47879
Olympia, WA 98504-7879

cc: Deonna Chartrey, Case Manager
Paige Fury, Compliance Officer
Patricia Stuart, Staff Attorney

Enclosure

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
ADJUDICATIVE SERVICE UNIT**

In the Matter of:

JULENE ADELE POMMERT

Credential Nos. MHCA.MC.604644502

Respondent.

)
) Master Case No. M2017-856
)
)
) DECLARATION OF SERVICE
) BY MAIL
)

I declare under penalty of perjury, under the laws of the state of Washington, that the following is true and correct:

On January 5, 2018, I served a true and correct copy of the Stipulation to Informal Disposition signed by the Presiding Officer on January 4, 2018 by placing same in the U.S. mail by 5:00 p.m., postage prepaid, on the following parties to this case:

Julene Adele Pommert
12360 Lake City Way NE Ste 420
Seattle, WA 98125-5452

Holly E. Lynch
Keller Rohrback, LLC
1201 3rd Ave Ste 3200
Seattle, WA 98101-3276

DATED: This 5th day of January, 2018.



Cara Bryant, Adjudicative Clerk Office
Adjudicative Clerk

cc: Kitty Slater-Einert, Case Manager
Paige Fury, Compliance Officer
Patricia Stuart, Staff Attorney

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH**

In the Matter of

JULENE ADELE POMMERT
Credential No. MHCA.MC.60464502

Respondent

No. M2017-856

**STIPULATION TO INFORMAL
DISPOSITION**

1. STIPULATION

1.1 The executive director of the Mental Health Counselor Program (Program), on designation by the Secretary of Health (Secretary), has made the following allegations.

- A. On May 9, 2014, the State of Washington issued Respondent a credential to practice as a mental health counselor associate. Respondent's credential is currently active.
- B. Beginning in approximately 2014, Respondent was Client A's (an adult female) counselor. At that time, Client A lived in a motel with an adult male and their minor child.
- C. On or about February 16, 2017, Respondent invited Client A to attend a professional meeting where Respondent was speaking. Respondent picked Client A up before the meeting and drove her to the Children's Administration meeting afterwards.
- D. On or about February 16, 2017, Respondent participated in a Children's Administration meeting where removal and placement of Client A's child was discussed. Respondent denied or was unaware of Client A's ongoing illegal drug use. Respondent spoke to Client A's parenting ability and child placement issues even though it was beyond the scope of their therapeutic relationship.
- E. Respondent acknowledged that aspects of her interactions with Client A violated professional boundaries.

1.2 Respondent does not admit any of the allegations in the Statement of Allegations and Summary of Evidence or in Paragraph 1.1 above. This Stipulation to

Informal Disposition (Stipulation) shall not be construed as a finding of unprofessional conduct or inability to practice.

1.3 Respondent acknowledges that a finding of unprofessional conduct or inability to practice based on the above allegations, if proven, would constitute grounds for discipline under RCW 18.130.180(4).

1.4 Respondent agrees that under RCW 18.130.172, any sanction as set forth in RCW 18.130.160, except subsections (1), (2), (6), and (8), may be imposed as part of this Stipulation, but the Respondent may agree to reimburse the disciplining authority the costs of investigation and processing the complaint up to an amount not exceeding one thousand dollars (\$1,000.00) per allegation.

1.5 The parties wish to resolve this matter by means of a Stipulation pursuant to RCW 18.130.172(1).

1.6 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Secretary.

1.7 This Stipulation is not formal disciplinary action. However, if the Secretary accepts this Stipulation, it will be reported to the National Practitioner Databank (45 CFR Part 60) and elsewhere as required by law. It is a public document and will be placed on the Department of Health's website and otherwise disseminated as required by the Public Records Act (Chap. 42.56 RCW).

1.8 The Secretary agrees to forgo further disciplinary proceedings concerning the allegations.

1.9 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

1.10 Respondent understands that a violation of this Stipulation, if proven, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

2. COMPLIANCE WITH SANCTION RULES

2.1 The disciplining authority applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. WAC 246-16-800(2)(c) requires the disciplining authority to impose terms based on a specific sanction schedule unless "the schedule does not adequately address the facts in a case."

2.2 Respondent's alleged conduct falls in Tier A of the "Practice Below Standard of Care" schedule, WAC 246-16-810. The sanction range associated with that tier does adequately address the alleged facts of this case. The disciplinary authority determined additional education in maintaining boundaries is sufficient to protect the public.

2.3 The disciplining authority considered the following mitigating factors:

- A. No prior disciplinary history with the Department of Health.
- B. Potential for successful remediation through additional education.

3. INFORMAL DISPOSITION

The parties agree to the following:

3.1 Within six (6) months of the effective date of this Stipulation, Respondent shall complete a minimum of six (6) hours of continuing education, pre-approved by the Program, in the area of maintaining boundaries with mental health clients. Respondent shall provide the Program with proof of completion of such continuing education within thirty (30) days of such completion. Failure to complete and show proof of completion of the required minimum hours of pre-approved continuing education in the specified area within the specified times shall constitute violations of this Stipulation. These six (6) hours of continuing education shall be in addition to mandatory continuing education hours that may be required for credential renewal.

3.2 Respondent shall reimburse costs to the Program in the amount of one thousand eight hundred seventeen dollars and thirteen cents (\$1,817.13), which must be received by the Program within six (6) months of the effective date of this Stipulation. The reimbursement shall be paid by personal check, certified or cashier's check, or money order, made payable to the Department of Health and mailed to the Department of Health, Mental Health Counselor Program, at PO Box 1099, Olympia, WA 98507-1099. Credit or Debit cards can also be used for payment at the front counter of the Department of Health building at 111 Israel Road SE, Tumwater, WA 98501, during regular business hours.

3.3 Respondent shall obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.4 The Secretary or its designee may verify Respondent's compliance with the terms and conditions of this Stipulation, if applicable.

3.5. Any documents required by this Stipulation shall be sent to Department of Health Compliance at PO Box 47873, Olympia, WA 98504-7873.

3.6 Respondent is responsible for all costs of complying with this Stipulation.

3.7 Respondent shall inform the Department of Health Office of Customer Service, in writing, of changes in Respondent's residential and/or business address within thirty (30) days of the change. The mailing address for the Office of Customer Service is PO Box 47865, Olympia, WA 98504-7865.

3.8 The effective date of this Stipulation is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

4. RESPONDENT'S ACCEPTANCE

I, JULENE ADELE POMMERT, have read, understand and agree to this Stipulation. This Stipulation may be presented to the Secretary without my appearance. I understand that I will receive a signed copy if the Secretary accepts this Stipulation.

Julene Adele Pommert
JULENE ADELE POMMERT
RESPONDENT

December 22, 2017
DATE

Holly E. Lynch
HOLLY E. LYNCH, WSBA #37281
ATTORNEY FOR RESPONDENT

12/30/17
DATE

5. SECRETARY ACCEPTANCE


The Secretary of Health accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

DATED: January 4, 2018



HEALTH LAW JUDGE

PRESENTED BY:



PATRICIA STUART, WSBA #20250
DEPARTMENT OF HEALTH STAFF ATTORNEY

1-2-18

DATE

Redaction Summary (0 redactions)

0 Privilege / Exemption reason used:

Redacted pages: